

Appendix 17

Principles and Guidelines for School-based Health Centers in New York State

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I. Principles and Goals of Comprehensive School Based Health Centers*

Comprehensive school-based health centers (SBHCs) provide primary and preventive care, acute or first contact care, chronic care, and referral as needed. They regard and provide services for children and adolescents within the context of their family, social/emotional, cultural, physical and educational environment.

SBHC services are developed based on local assessment of needs and resources. Schools having students with the highest prevalence of unmet medical and psychosocial needs are targeted for the establishment of centers.

SBHCs are organized through school, community, and health provider relationships and provide services in keeping with state and local laws and regulations, established standards and community practice.

The SBHC provides or makes available comprehensive primary medical, social, mental health, and health education services designed to meet the psychosocial and physical needs of children and youth within the context of the family, culture, and environment, including:

- Primary health care services at the SBHC which include: comprehensive health assessments, and diagnosis and treatment of minor, acute and chronic medical conditions; and
- Mental health services by referral or at the SBHC which include: mental health assessments, crisis intervention, counseling, and referrals to a treatment continuum of services including emergency psychiatric care, community support programs, inpatient care and outpatient programs.

SBHCs are based directly in a school and SBHC services are made available only to the students enrolled in that school.

SBHC services are provided at no out of pocket cost to those students who enroll in the SBHC with parental consent. As appropriate, SBHCs may bill third party payors for services. These revenues must be returned to support the operations of the SBHC.

SBHC services are provided by a multi-disciplinary team, which must include, at a minimum, but not be limited to: nurse practitioner/physician assistant, mental health professional, physician, and health assistant. The number of staff will depend on the number of students enrolled in the SBHC and the services to be provided.

The SBHC provides on-site access during the academic day when school is in session and 24-hour coverage through an on-call system and through its backup health providers to ensure access to services on a year round basis when the school or

the SBHC is closed.

The SBHC can serve as a student's primary care provider (the medical home) or complement services provided by an outside primary care provider. The SBHC also coordinates care with the child's outside primary care provider, other medical providers, social service agencies, mental health providers, and other agencies, programs, and organizations in order to ensure continuity of care.

The SBHC is integrated into the school environment and plans and coordinates health services with the school personnel, such as administrators, teachers, nurses, counselors, and support personnel, as well as with other community providers co-located at the school.

The SBHC, in partnership with the school and other co-located service providers, develops policies and systems to ensure confidentiality in the sharing of medical information and allow for case management.

The SBHC and school are committed to operating with mutual respect and a spirit of collaboration. The school/school district facilitates and promotes the utilization of the center's service.

Each SBHC forms and maintains a functional advisory committee to provide input into the development and operation of the program. Advisory committee membership should include school staff, community members, health providers, and especially parents and students.

The SBHC and the school are committed to working together to ensure the provision of comprehensive health education and a healthy school environment.

The SBHC sponsoring facility has overall responsibility for SBHC administration, operations and oversight.

* Adapted from "Principles for School based Health Centers developed by the School Health Policy Initiative" in *Special Report: Defining School-based Health Center Services*. NYC: Columbia University, March 1994.

II. Guidelines for School-based Health Centers

A. Services

SBHCs provide age-appropriate primary health, mental health, social and health education services. These services must comply with *New York State Child/Teen Health Plan* requirements*.

1. Access

- SBHCs should be located in high need schools and communities.
- SBHCs must be open and staffed during all normal school hours.
- The back-up health provider must ensure 24-hour/7 day access to services for enrolled students during non-school hours and vacation periods and ensure the continuity of care for enrollees referred to other providers. Telephone access should ensure contact with an individual for triage purposes.
- The complete range of SBHC services must be made available to any student who enrolls, i.e. those students attending the school with the SBHC who have obtained parental consent or who are 18 years of age or are otherwise able to give their own consent.
- SBHC services must be provided at no out of pocket cost to the student or family.
- The SBHC will not turn any student away because of insurance status, health status, or because a student has an existing primary care provider. If a student has a primary care provider, the SBHC should make every effort to coordinate services with the student's primary care provider to avoid duplication of service.
- When providing services by referral, providers should offer as many options as possible. If services are provided by referral, financial, geographical, and other barriers should be minimized.

*The Child Teen Health Plan is New York State's EPSDT program. It is a federally mandated initiative to provide comprehensive preventive health care and diagnostic treatment and follow-up to children who are eligible for Medicaid, up to the age of 21. It is designed to meet the Federal and State requirements for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, which was created by the Title XIX of the Social Security Act.

2. Enrollment and Parental Consent

- The provider, through cooperation with the participating school, must make written information about center services available to parents, including:
 - The scope of services offered, including the ability of the SBHC to serve as the designated primary care provider or to provide services in collaboration with the student's primary care provider;
 - The staffing pattern, including how medical coverage will be assured in those schools where the full-time presence of a mid-level practitioner is not provided; and
 - How students can access 24-hour/7 day coverage when the school is closed.
- Providers must make consent forms available to all enrolling students to obtain the informed written consent of the parent or legal guardian. If the student receiving services is 18 years of age or older or is otherwise qualified to give consent under section 2504 of the Public Health Law and is competent to give such consent, such consent will be obtained.
- At a minimum, the enrollment and parental consent forms should request the following information:
 - Student name
 - Address
 - Date of birth
 - Parent/guardian name
 - Student's social security number
 - Student health care coverage including the name of the managed care plan
 - Insurance and/or Medicaid identification number
 - Student's primary care provider name and address, or designation of the SBHC/back up facility as the primary care provider. If no health care coverage is indicated, the SBHC should assist in referring the student to Medicaid/Child Health Plus.
 - Medical release authorization
- Upon enrollment, the SBHC must initiate a written communication process with the student's designated primary care provider if an outside entity. At a minimum, this should include:
 - Notification that the student has enrolled in the SBHC;
 - The scope of services offered by the SBHC; and
 - A request for student health information, including the most recent physical exam, history and current treatment plan along with the transmittal of the appropriate medical release authorization form.

3. **Core Services**

- All SBHCs must provide a core of services that includes primary and preventive health care, diagnosis and treatment of medical conditions and management of chronic conditions. Mental health must be addressed within core services, either by referral or on-site services.
- The services provided by a SBHC will depend on an initial and ongoing assessment of the needs of the population of students served and will be sensitive to the following differences:
 - Ages of the students served;
 - Availability, utilization and access to other school and community resources; and
 - The size of the enrolled population of the SBHC.

a. Comprehensive Primary Care

- All SBHCs must provide on-site a core of age appropriate primary care services that comply in content and frequency with *New York State's Child/Teen Health Plan (CTHP)*. Age appropriate reproductive health care is to be considered an essential component of comprehensive primary care.
- SBHCs serving adolescents should follow guidelines such as the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS), Bright Futures or the American Academy of Pediatrics guidelines, which all recommend an annual visit that includes an assessment of risk behaviors such as tobacco use.
- Oral health assessments should be a part of the routine care provided by a SBHC. This assessment should include an oral health history, including who their dentist is and when the last visit was made, an inspection of the mouth, identification of observable problems, and appropriate dental health education and referral if no preventive appointment was made within the past year or if problems are identified.
- Each student should have within their medical chart a record of an up-to-date assessment and comprehensive physical exam in compliance with the CHTP. This may be performed either by the SBHC or an outside provider.
- Immunizations should be provided as necessary as part of the comprehensive health assessment.
- SBHCs should consider population based assessments as well as responding to individual needs.

b. Diagnosis and Treatment of Medical Conditions

- On-site diagnosis, treatment, and appropriate triage and referral mechanisms must be in place for minor, acute, and chronic problems and should be considered part of the required core of SBHC services.
- Also considered a core service is on-site routine management of chronic conditions (asthma, diabetes, etc.), provided in consultation with the child's outside primary care provider or specialist as appropriate. Prescriptions are provided for minor problems, acute problems; and chronic conditions.

c. Laboratory Testing

Pursuant to state and federal laws, SBHCs may perform, on-site, certain basic laboratory procedures that are classified as waived or Provider Performed Microscopy procedures (PPMP) tests under federal Clinical Laboratory Improvement Act (CLIA) legislation. Tests not classified as waived or PPMP must be performed by qualified New York State licensed laboratories holding a Comprehensive permit.

SBHCs performing waived tests must register with the New York State Department of Health –Wadsworth Center, Clinical Laboratory Evaluation Program (CLEP) to obtain a CLIA registration number for either a Certificate of Waiver or a Certificate for Provider Performed Microscopy Procedures.

- 1) *Certificate of Waiver:* The SBHC must register independently to obtain a unique CLIA registration number to perform limited testing. An application for a permit to do limited testing; (DOH-4081) must be obtained from the CLEP program. (See contact information below). An application fee of \$100 applies under this option. **Only waived tests may be performed at the SBHC.**
 - 2) *Certificate for Provider Performed Microscopy Procedures (PPMP):* If the SBHC will be performing CLIA approved microscopy testing, the site must register with the CLEP program using form DOH-4081, “Permit Application – Limited Testing”. Registration under this option also automatically authorizes the SBHC to perform “waived” test procedures. An application fee of \$100 applies under this option. SBHC. **Only waived tests and CLIA approved microscopy procedures may be performed at the SBHC.**
- Under state Public Health Law, Article 5, Title V, Section 576, and Title

10 NYCRR Part 58, New York State licensed laboratories receiving specimens are required to provide the sending site with instructions for specimen collection, handling and transportation.

- To obtain an application for CLIA registration, (DOH-4081) or for further information about the laboratory requirements, contact the New York State Department of Health Wadsworth Center – Clinical Laboratory Evaluation Program at (518) 485-5378.

d. Mental Health

- All SBHCs must address the mental health needs of enrolled students, either on-site or by referral. It is recommended that all SBHCs serving adolescents provide some level of on-site services.
- The range of on-site mental health services to be offered should be determined by student/family needs and the availability of school and community resources.
- On-site services should include mental health care in both individual and group settings, including assessment, treatment, referral, and crisis intervention. Services include:
 - Primary prevention;
 - Individual mental health assessment, treatment, and follow-up;
 - Crisis intervention;
 - Short and long-term counseling; and
 - Linkage with community counseling.
- The following services must be made available on-site or by referral;
 - group and family counseling; and
 - psychiatric evaluation and treatment.

e. Referral

Services provided by referral must include follow up including checking that the appointment was kept, the services met the student's needs and the outcome of the referral, including relevant health care findings, is incorporated into the student's medical record.

If the student is in a managed care plan, a referral for services should be made within the plan network and should follow the plan's service access requirements. Note: There are two exceptions.

- 1) For Medicaid family planning services, a plan member can go, without referral or prior approval, to any provider in or out of the plan network who offers those services and accepts Medicaid.
- 2) For Medicaid mental health and alcohol/substance abuse referrals, the plan member, or the SBHC on the student's behalf, may make

a referral for one mental health and one alcohol/substance abuse assessment from a participating provider without referral or prior approval.

4. Expanded Services

The following services can be provided according to the local need and feasibility for expanded services:

a. Health Education/Promotion

- The SBHC may provide health education for enrolled students, their families, and health center staff, and where possible, supports the provision of comprehensive health education in the classroom. Services can include:
 - one-on-one patient education;
 - group/targeted education at the center;
 - family and community health education;
 - health education for health center and school staff; and
 - support for comprehensive health education in the classroom.

b. Social Services

- The SBHC may provide initial assessments and referrals to social service agencies, as well as some on-site services. Services include:
 - social service assessment, referral, and follow-up for needs such as:
 1. basic needs (food, shelter, clothing);
 2. legal services;
 3. Public Assistance;
 4. assistance with Medicaid and other health insurance enrollment;
 5. employment services; and
 6. day-care services.
 - transportation arrangements to the sponsoring facility or referral site.

c. Other Services

- Age appropriate tobacco-use prevention, assessment and referral activities should be provided.
- The following services may be provided on-site or by referral:
 - Dental care;
 - Nutrition education and counseling;
 - Specialty care; and
 - Well-child care of students' children.

B. Staffing

Core Services

- All core SBHC clinical staff, including the medical assistant, must be trained in child abuse, infection control, emergency care, including general first aid, cardiopulmonary resuscitation, and the Heimlich maneuver.
- SBHCs should ensure a full time health presence during all normal school hours. This may include any of the core staff or the presence of a school nurse.
- At a minimum, all SBHCs must have the following multi-disciplinary team to provide core services. The on-site staff time is dependent on the number of students enrolled in the SBHC and the needs of the students.

Nurse Practitioner/Physician Assistant

- provides comprehensive primary care services;
- operate under current protocols signed by the collaborating physician for the nurse practitioner and a supervising physician for the physician assistant; and
- is available at one full time equivalent per 700 – 1500 SBHC enrollees.

Collaborating/Supervising Physician

- provides ongoing medical consultation and supervision for SBHC clinical staff;
- is **on-site** at least one 3-hour session per week for the first NP/PA, with additional time as needed for more than one NP/PA; and
- has the option of providing full-time primary care.

Medical/Health Assistant

- performs duties that may include: assisting with screenings, weighing and measuring, assisting with preparation for activities such as physical examinations, providing first aid care to students with minor injuries, performing clerical functions including recording health information, entering data into computer, making appointments, and following up on non-respondents;
 - must be full-time in the SBHC during all normal school hours except when the school nurse is present; and
 - performs duties according to established policies that describe their role when the mid-level practitioner or physician is not on-site.
- SBHC core services must address mental health needs, either on-site or by

referral. It is strongly recommended that on-site mental health services be provided for a SBHC serving adolescents.

- On-site mental health services are to be provided by the following staff:

Mental Health Counselor

- provides primary prevention, individual assessment, treatment, and referral, as well as group counseling;
- can be an MSW, CSW, mental health certified nurse specialist, MS level counselor or licensed psychologist with child mental health expertise; and
- is available at one full time equivalent per 700-1500 SBHC enrolled students.

e. Mental Health Services Supervisor

- Can be a Ph.D., DSW, MSW/MS, MD with related license/certification and a minimum of five (5) years post-graduate degree in direct clinical practice in child/adolescent mental health to include three (3) years in or with schools providing on-site direct clinical service, consultation or supervision/administration;
- Has knowledge of and skill in negotiating school systems, assessment/diagnosis and use of DSM-4, provision of comprehensive and on-site school mental health services;
- Provides on going consultative and supervisory services for the Mental Health Services Provider;
- Provides three (3) hours of supervision per week, **on site**, with a minimum of one hour per week of individual supervision. (Two hours may be group supervision, group and/or individual consultation or case conferencing)

- In order to ensure the appropriate linkage between the sponsoring facility and the SBHC and the coordination/oversight of SBHC services, the following staff is considered part of the core staffing pattern:

f. Program Manager

- Provides ongoing communication and administrative direction in conjunction with the sponsoring facility;
- Duties include direct involvement or coordination with others in data collection, budget and finance, preparation of statistical reports and narratives, purchasing, writing grant proposals, staff supervision/scheduling, liaison with school, back-up health care provider, community, and funding sources, advisory committee participation, quality assurance coordination, program

- development, and program evaluation; and
- Is available at .1 FTE per SBHC.

Expanded Services

- The following are examples of staff that can be added according to the local need and feasibility for expanded services:
 - a. Health Educator**
 - Provides individual and group health education, as well as classroom education where possible; and
 - *Is trained specifically in health education (not physical education or some other semi-related field).*
 - b. Community Outreach Worker**
 - Coordinates social service assessments, referrals, and follow-ups.
 - c. School Nurse (RN)**
 - Provides triage in the SBHC when NP/PA is not on site; and
 - Provides services for non-enrolled students.
 - d. Nutritionist**
 - Provides individual and group nutrition counseling and education, as well as classroom education if possible.
 - e. Dental Hygienist**
 - Provides preventive dental services including, health education, screenings, prophylaxis, fluoride and sealants; and
 - 1 full time equivalent can provide services for approximately 2,500 students.
 - f. Dental Assistant**
 - Assists the dental hygienist and the dentist in chair side procedures; and
 - 1 full time equivalent can provide services for approximately 2,500 students.
 - g. Supervising Dentist**
 - Provides general supervision for dental staff and is available for consultation, diagnosis and evaluation; and
 - Authorizes the dental hygienist to perform services and exercises the degree of supervision appropriate for the circumstances.

C. Relationships

SBHCs are organized through family, school, community, and health provider relationships. There should be established relationships with:

The Student's Family

- SBHC providers should make every effort to be family centered and to involve the student's family, as age appropriate and with consent as necessary, in regard to the care of the student.
- Whenever possible and within the guidelines of adolescent confidentiality, parents/guardians should receive prior notification of any services to be provided to a child and should be given the option of joining their child during the provision of the services.
- As appropriate, parents should also receive notification after services are provided, informing them of the outcome of the encounter.
- Being family-centered means that policies regarding access, availability, and flexibility take into consideration the various structures and functions of families in the community being served. Providing primary care means understanding the nature, role, and impact of a child's health, illness, disability, or injury in terms of the family's structure, function, and dynamics.
- Whenever possible, the family should receive education on the importance of prevention and the appropriate use of the health care system, including the role of the primary care provider.

The School, School Board and School District

- The SBHC is integrated into the school environment, and both the SBHC and the school are committed to operating with mutual respect and a spirit of collaboration.
- The school assists the SBHC in many ways, including:
 - Marketing the SBHC;
 - helping to obtain informed parental consent;
 - helping to obtain information on insurance status and Medicaid status, including any enrollment in a managed care plan;
 - providing appropriate access to school health records;
 - maintaining the SBHC facility;
 - providing space (but not necessarily renovations) at no cost; and
 - collaborating in the establishment of School Health Program Advisory Board.

- The relationship between the school district and the SBHC sponsor should include the following:
 - Meetings between the school district and/or school building administration and the SBHC sponsor should be held on a regular basis;
 - There must be a current (every five years) MOU between the health care provider and the school district;
 - Methods for addressing priorities and resolving differences should be spelled out in the MOU;
 - The MOU should provide assurances that there will be a collaborative relationship between the SBHC staff and school personnel such as health educators, school nurses, drug abuse counselors, social workers, etc; and
 - The MOU should describe how the provider will provide 24-hour access to services when the school based health center is closed.
- The SBHC's relationship with the school involves routinely publicizing center services to the student body at least twice a year. Methods of outreach include:
 - contacts during school registration;
 - PTA meeting attendance;
 - mail outs/send home notes;
 - bulletin boards/posters;
 - student newspapers; and
 - teacher/staff referrals.

The Community

- The SBHC recognizes that it functions within the community and should draw upon and contribute to its resources.
- SBHC providers contribute to and participate in community diagnosis; health surveillance, monitoring and evaluations conducted as a routine function of public health agencies.
- Community-oriented care assures that the views of community members are incorporated into decisions involving policies, priorities and plans related to the delivery of SBHC services.

The Sponsoring Facility

- The sponsoring facility must be actively involved in the ongoing administration and operation of the SBHC. Policies and procedures articulating this involvement must be in place. They should address:
 - ongoing communication;
 - 24 hour/7 day coverage;
 - maintenance of medical records in accordance with confidentiality laws;
 - continuous quality improvement;

- fiscal and billing procedures; and
- coordination of services.

The Student's Regular Source of Primary Health Care

- Policies and procedures should be in place for those instances where a student enrolled in a SBHC has an outside primary care provider or when the primary care provider is the SBHC sponsoring facility. These policies and procedures should serve to strengthen the services of the SBHC and the primary care provider by fostering comprehensive and coordinated health care delivery while avoiding service duplication.
- Topics to be addressed in these policies and procedures include:
 - appropriate information and sharing of medical records;
 - mechanisms to ensure confidentiality;
 - referral for specialty care; and
 - coordination of treatment.

Local /County Department of Health

- The SBHC and the County Department of Health should coordinate rather than duplicate provision of mandated health services when those health services are the obligation of the County Department of Health.

7. Local Mental Health Departments

8. Local Department of Social Services

9. School Based and Other Health Providers Serving Students with IEP's

D. Organization and Function

1. Policies and Procedures

- There should be a manual of all policies and procedures, including specifications of who is responsible for each policy or procedure. A current manual should be maintained at the sponsoring facility and each SBHC site. It should be reviewed and updated on an annual basis. Policies and procedures should include and address but not be limited to the following areas:
 - Organization/Administration;
 - Personnel;
 - Sponsoring facility requirements
 - SBHC job descriptions/responsibilities/annual performance evaluations

- Outreach/Education and Enrollment
 - Address policy on informed consent
 - Clinical Services;
 - Administration
 - Delivery
 - Coordination of care with other provider
 - Continuity of care – 24 hour, 7day/week coverage
 - Maintenance of medical/clinical records as per Section 751.7 of Title 10 NYCRR (the health portion of NYS Code of Rules and Regulations)
 - The Exchange of student data with the school
 - Environmental;
 - SBHC
 - School
 - Fiscal Management;
 - Data Management; and
 - Continuous Quality Improvement/Quality Assurance.
- Other policies and procedures, as appropriate, should be included in the manual.

Organizational Structure

- There should be an organizational chart reflecting clear lines of authority for the administration of the SBHC, as well as the roles of the sponsoring facility, the SBHC, and the school. This chart should be reviewed periodically and revised as needed.

Community Advisory Council

- The SBHC should have a community advisory council, which is representative of the constituency and is oriented to SBHC services. Community advisory council meetings should be scheduled on a regular basis and minutes from the meeting should be distributed to all who participate. Advisory council membership can include school staff, community members, health providers, and parents and students.
- The Advisory Council should be involved in program planning and development, identification of emerging health issues and appropriate interventions, assisting in identifying funding for the SBHC, and providing advocacy for the program.
- An Advisory Council is required for the planning period and the first three years of operation of the SBHC. After three years of operation, the SBHC/sponsor should assess the functioning of the Council and may delegate the role and activities of the Council to another representative body.

E. Fiscal Operations

The SBHC sponsor should ensure that appropriate administrative support is provided to address the following:

Program

- Receipts and expenditures should be adequately identified for each contract/source of funds.
- Equipment inventories, budget analysis, and total service cost calculations should be completed annually.

Medicaid and Other Third Party Reimbursement

- There should be established procedures for determining and obtaining information on Medicaid, Child Health Plus and other third party eligibility and helping families in the enrollment process if the student is not enrolled.
- There should be established procedures for determining and obtaining information on Medicaid eligibility and managed care plan enrollment using methods such as the Name Search software available from the Department of Health or other equivalent alternatives.
- Encounter forms should be generated for all billable visits.
- Procedures should be in place that ensures Medicaid and third party billing of encounters.
- Procedures should adequately address rejected Medicaid or other third party claims.
- Medicaid and third party revenues should be readily identifiable by using correct Medicaid billing codes and must be returned to the school health project.

F. Data Management

- There should be written policies to dictate the access to and use of school based health center data.
- A designated individual should be responsible for preparation of NYSDOH quarterly and other reporting forms, which should be submitted to the School Health Program within 30 days of the end of the reporting period.

G. Facility Requirements

- Space must be adequate to accommodate the multi-disciplinary staff, and to afford the client verbal/physical privacy, and to allow for ease in performing necessary clinical, clerical and laboratory activities.
- For a SBHC with an enrollment of 700, approximately 1,500 to 2,000 square feet is recommended. The size of this space may be adjusted according to school enrollment, the staffing plan, local needs and available resources. Space for the SBHC should include:
 - a minimum of one exam room and preferably 2 exam rooms per full- time provider;
 - a sink, either in the exam room(s) or within reasonable access;
 - a counseling room/private area;
 - a laboratory area;
 - an accessible toilet facility;
 - a designated waiting area;
 - secure storage space for sterile supplies, pharmaceutical supplies and other materials;
 - a clerical area;
 - a supervised infirmary area; and
 - designated clean and soiled space for clinic functions.
- The SBHC must be equipped with a private telephone and fax line to ensure confidentiality and adequate access to the community and back-up providers.
- The SBHC provider must ensure that:
 - solid wastes, including biological infectious wastes, are properly collected, stored and disposed of;
 - all exits and access to exits are marked with prominent signs;
 - sites, which operate after sundown, are provided with adequate lighting for all exits and access to exits;
 - adequate ventilation is provided;
 - passage ways, corridors, doorways and other means of exit are kept clear and unobstructed;
 - sites are kept clean and free of safety hazards;
 - medical, fire and emergency instructions and other procedures, including telephone numbers, are posted;
 - smoke detectors and general purpose and chemical fire extinguishers are in working order and within easy access of the SBHC;
 - SBHC staff have keys for all bathrooms with inside locks; all bolt locks have been removed; and
 - the patient's bill of rights is posted and available in other languages as necessary.

H. Quality Management and Improvement

The SBHC sponsor should ensure that appropriate facility involvement and support is provided to address quality management and improvement.

- Quality management and improvement can address a full range of activities including but not limited to: management of clinical conditions, documentation of care, use of services, staff qualifications, system organization, patient satisfaction, patient knowledge and changes in patient behaviors.
- There should be one person designated as the quality management and improvement coordinator.
- The program should establish goals, objectives and standards of care that clearly identify what the program wants to accomplish. These should be reviewed regularly and updated annually. The standards of care should be consistent with current practice.
- The program should identify activities which lead to accomplishing its goals.
- The program should regularly measure the achievement of its desired performance and take actions to address problems identified.
- There should be written specified quality management policies and procedures which include:
 - provider credentials and maintenance;
 - professional continuing education;
 - pre-employment procedures;
 - staff and program evaluation;
 - measures of patient satisfaction;
 - medical record review;
 - complaint and incident review; and
 - corrective actions and time frame.
- The SBHC should develop and implement a quality management and improvement plan that is based on needs assessment and previous quality improvement activities and includes at least the following on a quarterly basis;
 - a distinct focus on each of the following areas: administration, clinical, consumer satisfaction (patient/student, family and school personnel), community outreach and education and complaint investigation;
 - structure, process and outcome measures appropriate to the area of study;
 - the collection and analysis of data for each area studied/assessed;
 - the development and implementation of strategies to address areas of concern that need improvement; and
 - periodic re-evaluation of new strategies to assess effectiveness.